

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
13						
14						
15	1					
16	1					
17						
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22	1					
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	32					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
99						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS